



2009 Provider Membership Application National Association for Home Care & Hospice

Joining NAHC is as easy as 1, 2, 3

Membership dues are payable upon receipt.

1 Provide Your Information

Please print or type clearly.

CEO Name	Email address
Mailing Recipient/Title	
Agency/Organization Name	Medicare Certified #
Address	
City/State/Zip	
Telephone Number	Fax Number
Email address	Web Address

2 Calculate Your Dues

Minimum of \$500 and maximum of \$7,400.

Yes, I also want to belong to:

- HHFMA — please email me an application.
- PDHCA — FREE
- HCTAA — FREE

	Gross Revenue*	Percent	Dues
Example	\$2,000,000	X .0021	= \$4,200
Calculate Here	\$ _____	X .0021	= \$ _____

All dues are annual. Call the membership department if you have any questions.

Total Amount Enclosed:

\$ _____

*Gross revenue equals home care and/or hospice patient care revenue from your most recently completed fiscal year.

3 Choose Your Method of Payment

- A. Check Check Number: _____
- B. Visa Master Card American Express
- Discover

Membership dues are payable upon receipt.

Make checks payable to NAHC.

MAIL:

National Association for Home Care & Hospice
PO Box 91486, Washington, DC 20090

FAX:

(202) 547-3660

Questions? Call NAHC's Membership Department at (202) 547-7424, fax (202) 547-3540 or email membership@nahc.org.

Credit Card Number _____ Expiration Date _____

Name as it appears on card _____

Signature of Cardholder _____

Association dues payments, to NAHC or otherwise, are not tax deductible as charitable contributions, Sections 501[c]5 and [c]6. Membership is based on the calendar year; dues are nonrefundable. The Internal Revenue Code limits the amount of business expense deductions for dues paid to an association that engages in lobbying activities even if dues are not used for lobbying; the amount excluded for 2009 is 7% based on IRS criteria.

Individual Listings for NAHC Provider Member Employees

2009 Official Registration Form



To: Membership Department
National Association for
Home Care & Hospice
PO Box 91486
Washington, DC 20090

From: _____
Name of Agency

City and State

Re: Individual Employee Listings for NAHC Provider Members

The NAHC Board has created the category of individual employee listings which will allow us to register members of your staff free of cost. Understand that these individuals will be eligible to receive NAHC Report on line, and additional benefits including discrete newsletters in their area of expertise. Please enroll the following people from your agency in the categories listed below.

- | | | | |
|-----|-------|---|---------------|
| 1. | _____ | _____ | _____ |
| | Name | CEO/Executive Director | Email Address |
| 2. | _____ | _____ | _____ |
| | Name | CFO/Director of Finance | Email Address |
| 3. | _____ | _____ | _____ |
| | Name | Clinical Director | Email Address |
| 4. | _____ | _____ | _____ |
| | Name | Director of Nursing | Email Address |
| 5. | _____ | _____ | _____ |
| | Name | Compliance/Legal Officer | Email Address |
| 6. | _____ | _____ | _____ |
| | Name | Human Resources Director | Email Address |
| 7. | _____ | _____ | _____ |
| | Name | PR & Communications Director | Email Address |
| 8. | _____ | _____ | _____ |
| | Name | COO/Director of Operations | Email Address |
| 9. | _____ | _____ | _____ |
| | Name | CIO/IT/IS Director | Email Address |
| 10. | _____ | _____ | _____ |
| | Name | Hospice Director | Email Address |
| 11. | _____ | _____ | _____ |
| | Name | Medical Director | Email Address |
| 12. | _____ | _____ | _____ |
| | Name | Director of Private Duty/Pay | Email Address |
| 13. | _____ | _____ | _____ |
| | Name | Marketing/Business Development Director | Email Address |

Please return this official registration form with your dues renewal to start your individual memberships beginning January 1, 2009.

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